

EXHIBIT H

INTERNAL REVENUE SERVICE



FAX TRANSMISSION
Cover Sheet

Date: April 30, 2024

To: Carlos Cuevas

Address/Organization: _____

Fax Number: (914) 423-8964 Office Number: _____

From: Sylvia Anne

Address/Organization: Internal Revenue Service

Fax Number: (844) 211-4414 Office Number: 267-941-6240

Number of pages: *Including cover page*

Subject: 1099

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Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 04-25-2024
Response Date: 04-25-2024
Tracking Number: 105888102162

SSN Provided: 122-64-7074
Tax Period Requested: December, 2019

Form 1099-MISC

Payer:

Payer's Federal Identification Number (FIN): 474307210
LAK 3 LLC
1943 BEEKMAN CT
YORKTOWN HEIGHTS, NY 10598-0000

Recipient:

Recipient's Identification Number: [REDACTED]-7074
SEAN M DUNN
DBA WELL DUNN
8 VESCHI LN N
MAHOPAC, NY 10541-0000

Submission Type:

Original document

Account Number (Optional):

Tax Withheld:

\$0.00

Non-Employee Compensation:

\$322,868.00

Medical Payments:

\$0.00

Fishing Income:

\$0.00

Rents:

\$0.00

Royalties:

\$0.00

Other Income:

\$0.00

Substitute Payments for Dividends:

\$0.00

Excess Golden Parachute:

\$0.00

Crop Insurance:

\$0.00

Attorney Fees:

\$0.00

Foreign Tax Paid:

\$0.00

Section 409A Deferrals:

\$0.00

Section 409A Income:

\$0.00

Direct Sales Indicator:

Not Direct Sales

EATCA Filing Requirement:

Box not checked no Filing Requirement

Second Notice Indicator:

No Second Notice

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